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*From the Desk of*  
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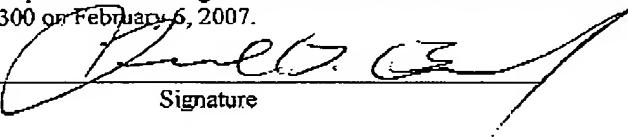
DATE: February 6, 2007  
 TO: Examiner Jason M. SIMS  
 Group Art Unit 1631  
 Mail Stop Amendment  
 Commissioner for Patents  
 P. O. Box 1450  
 Alexandria, VA 22313-1450  
 RE: U.S. Patent Application No. 10/611,414  
 Filed: June 30, 2003  
 Confirmation No.: 1954  
 Attorney Docket No.: 5010-394 (formerly ABIOS.021A)  
 FROM: Leonard D. Bowersox   
 FAC. NO.: (571) 273-8300

**NUMBER OF PAGES (INCLUDING THIS COVER SHEET): 33**

Items Attached: Transmittal Form 1 Page  
 Fee Transmittal 1 Page  
 Petition for Two-Month Extension of Time 1 Page  
 Credit Card Payment Form for \$450.00  
 Amendment 28 Pages

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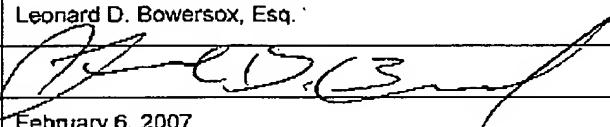
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number		10/611,414
		Filing Date		June 30, 2003
		First Named Inventor		David P. HOLDEN
		Group Art Unit		1631
		Examiner Name		Jason M. SIMS
Total Number of Pages in This Submission	32	Attorney Docket Number	5010-394 (formerly ABIOS.021A)	
<b>ENCLOSURES (check all that apply)</b>				
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input checked="" type="checkbox"/> Petition for Two-Month Extension of Time <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Acknowledgement Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card Payment Form \$450.00	
Customer No. 35411				
Remarks				

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Leonard D. Bowersox, Esq.		
Signature			
Date	February 6, 2007		

**CERTIFICATE OF MAILING**

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Type or printed name	Leonard D. Bowersox		
Signature		Date	February 6, 2007

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PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

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Effective on 12/8/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2006

 Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$450.00)

Complete if Known

Application Number	10/611,414	RECEIVED
Filing Date	June 30, 2003	CENTRAL FAX CENTER
First Named Inventor	David P. HOLDEN	
Examiner Name	Jason M. SIMS	FEB 06 2007
Art Unit	1631	

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- Deposit Account Deposit Account Number: 50-0925 Deposit Account Name: Kilyk & Bowersox, P.L.L.C.
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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity

Fee (\$)

Fee (\$)

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

## Total Claims

Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP = 0	x	=

## Multiple Dependent Claims

Fee (\$)	Fee Paid (\$)
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HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
1	- 3 or HP = 0	x	=

HP = highest number of independent claims paid for, if greater than 3

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number)	x	=

## 4. OTHER FEE(S)

Petition for Two-Month Extension of Time Fee	Fee Paid (\$)
	450.00

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	33,226	Telephone	703-385-9688
Name (Print/Type)	Leonard D. Bowersox			Date	February 6, 2007

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